

OUTDOOR SKILLS CAMP



PERMISSION FORM

Complete and return to the following address:

**Burr Oak Woods
Conservation Nature Center
1401 NW Park Road
Blue Springs, MO 64015**

I give my permission to my child, _____ to participate in the **Outdoor Skills Camp**, sponsored by Burr Oak Woods.

My child's birth date is: **(copy of birth certificate must be attached)**

Please list any special considerations, including allergies or medications, for your child that our staff need to know about. _____

I understand that in case of emergency, a nature center staff member will contact: (name and phone number) _____

I understand that in order for my child to participate they must:

- be registered and have returned a completed permission form with copy of birth certificate prior to the date he/she is scheduled for the camp
- arrive on time or they can not participate due to safety considerations
- understand that they may not be placed with friends or relatives
- be picked up promptly at the end of their session

I understand that my child should bring the following: water bottle, sunscreen, insect repellant, and if participating for a full day they will need a sack lunch **(NO REFRIGERATION AVAILABLE.)**

Parent/Legal guardian signature: _____

OFFICE USE ONLY:

BLOCK I

DATE: _____ TIME: _____

BLOCK II

DATE: _____ TIME: _____

Date: _____